



RECEIVED  
CITY CLERK'S OFFICE  
NEWBURYPORT, MA

2023 OCT 30 P 3:49

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/23 Ending Date: 10/29/23

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Edward C. Cameron JR

Candidate Full Name (if applicable)

COMMISSIONER AT LARGE

Office Sought and District

17 HANCOCK ST, NBPT 01950

Residential Address

E-mail: edcameronNBPT@gmail.com

Phone # (optional):

COMMITTEE TO ELECT Ed Cameron

Committee Name

SUSANNE CAMERON

Name of Committee Treasurer

17 HANCOCK ST, NBPT, MA 01950

Committee Mailing Address

E-mail: SUSANNEMCAMERON@gmail.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

3545.67

Line 3: Subtotal (line 1 plus line 2)

3545.67

Line 4: Total expenditures this period (page 5, line 14)

1570.67

Line 5: Ending Balance (line 3 minus line 4)

1975.00

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

1570.67

Line 8: Name of bank(s) used:

NEWBURYPORT BANK

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 10/30/23

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

#### Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10/30/23



## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/23	Kelcey Buck 21 53rd St. NBPT, MA 01950	75. <sup>00</sup>	
9/29/23	Edward Cameron (LOAN) 17 HANCOCK ST NBPT, MA 01950	678.17	SR DIRECTOR, PINE ST. INN
10/26/23	Edward Cameron (LOAN) 17 HANCOCK ST NBPT, MA 01950	300. <sup>00</sup>	SR. DIRECTOR, PINE ST. INN
10/29/23	Edward Cameron (LOAN) 17 HANCOCK ST NBPT, MA 01950	592.50	SR. DIRECTOR, PINE ST. INN
10/29/23	JOSEPH CUTICCHIA 12 HANCOCK ST NBPT, MA 01950	100. <sup>00</sup>	
10/29/23	JAY IANNINI 17 K STREET HAMPTON, NH 03842	100. <sup>00</sup>	
10/29/23	BARBARA KANE 49 MILK ST. NBPT, MA 01950	100. <sup>00</sup>	
10/29/23	ERIC LAMY 49 PROSPECT ST NBPT, MA 01950	100. <sup>00</sup>	
10/29/23	KERRY MINICHIELLO 10 BROAD ST NBPT, MA 01950	100. <sup>00</sup>	
10/29/23 10/27/23	BONNIE SALT 30 HARDING AVE NBPT, MA 01950	500. <sup>00</sup>	RETIRED
10/29/23	JOHN JAN LOAN 4 F STREET NBPT, MA 01950	60. <sup>00</sup>	
10/29/23	DEBRA ZOLTAI 8 HANCOCK ST NBPT, MA 01950	100. <sup>00</sup>	

Line 9: Total Receipts over \$50 (or listed above) 2805.67

Line 10: Total Receipts \$50 and under\* (not listed above) 740.<sup>00</sup>

Line 11: TOTAL RECEIPTS IN THE PERIOD 3545.67 ← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**[illegible]

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/29/23	CONNOLLY PRINTING	173 GILL ST. WOBURN, MA 01801	SIGNS	678.17
10/26/23	PORT TAVERN	84 STATE ST NEWBURYPORT, MA 01950	Room for event	300.00
10/29/23	PORT TAVERN	84 STATE ST. NEWBURYPORT, MA 01950	Food for event	592.50
Line 12: Total Expenditures over \$50 (or listed above)				1,570.67
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,570.67

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.



## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
9/29/23	Edward Cameron	17 HANCOCK ST NEWBURYPORT. MA 01950	REIMBURSEMENT FOR CONNOLLY PRINTING	678.17
10/26/23	" "	"	Reimbursement FOR PORT TAVERN EVENT SPACE	300.00
10/29/23	" "	"	REIMBURSEMENT FOR PORT TAVERN FOOD FOR EVENT	592.50
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				1,570.67